

Department of Central Management Services | Bureau of Benefits



# State Retiree Medicare Advantage Plans October/November 2014



### Your 2015 Retiree Benefits



www.cms.illinois.gov/thetrail

# Eligibility – Who is Required to Change?

You are REQUIRED to change your non-Medicare Advantage Health Plan to one of the Medicare Advantage TRAIL plans if....

You are a member of the State Employees Group Insurance Program (State), are a retired teacher in the Teachers' Retirement Insurance Program (TRIP) or a retired employee of a community college in the College Insurance Program (CIP), **AND...** 

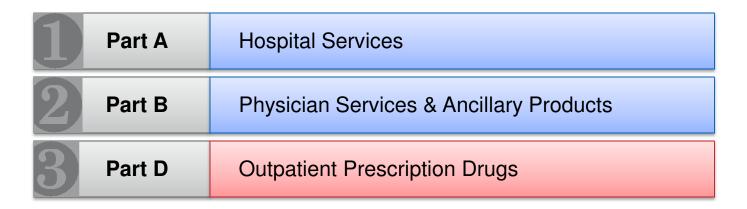
You live in the United States or one of the U.S. Territories, AND ...

You were enrolled in Medicare Parts A and B, due to age or disability on or before September 30, 2014, AND...

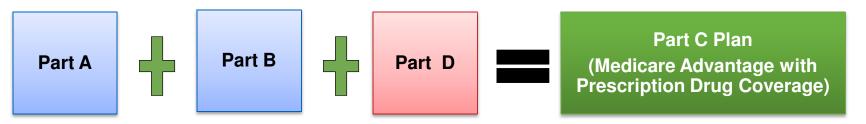
All of the dependents (spouse, children) on your State of Illinois retiree insurance plan also were enrolled in Medicare Parts A and B on or before September 30, 2014

# The Medicare Advantage with Prescription Drug Program

### What is a Medicare Advantage with Prescription Drug Plan?



### What's included with the MAPD?



## Two Ways to Use Your Medicare Coverage

### **OLD WAY**



**Original Medicare** 

Part A

Part B

Step 1:

Claims go to Medicare for payment

Step 2:

Remainder of claim is sent to secondary insurance

(PPO plan deductible applies)

Step 3:

PPO coinsurance or HMO copayment applies

### **NEW WAY**

OR



Medicare Advantage Plan

Part A

Part B

Step 1:

Claims go to Medicare
Advantage Plan

(PPO deductible applies)

Step 2:

PPO: after deductible is paid, coinsurance applies

**HMO:** copayment applies

## Two Ways to Use Your Medicare Coverage

Both ways REQUIRE you to continue to pay your Medicare premiums - most people get Part A for free, but pay a premium for Medicare Part B



# Your 2015 TRAIL Open Enrollment Kit

### Open Enrollment Period October 15 – November 15, 2014

Item	Date	Details
TRAIL Open Enrollment Kit  Total Retire Advantage Illinois  from the State of Illinois	Mailed October 9 <sup>th</sup> and 10 <sup>th</sup>	Includes:  ✓ Cover letter from CMS  ✓ "Your Retiree Healthcare Decision Guide," including overview of healthcare options, seminar schedule, coverage map, FAQs and definitions  ✓ Enrollment Form ✓ Instruction Sheet

### **Your Retiree Benefits**

# You will continue to have access to the same benefits you currently have

STATE	CIP	TRIP
Medicare Advantage with Prescription Drug (MAPD)	Medicare Advantage with Prescription Drug (MAPD)	Medicare Advantage with Prescription Drug (MAPD)
Vision (included with MAPD)	Vision (included with MAPD)	n/a
Dental *	Dental (included with MAPD)	n/a
Life *	n/a	n/a

<sup>\*</sup> Optional benefits for State retirees and survivors

## The Medicare Advantage Enrollment Period

# State of Illinois TRAIL Open Enrollment Period

**Federal Annual Medicare Enrollment** 

Plan materials will have the TRAIL logo

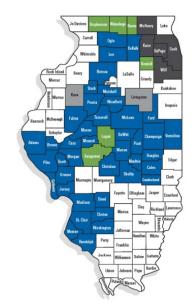
Plan materials will not have TRAIL logo





# **Your 2015 Health Plan Options**

- ➤ Nationwide Option for all Members
  - UnitedHealthcare PPO
    - –PPO network (offered nationwide)



- >HMO Options for State of Illinois Residents
  - Coventry Advantra network (offered in 47 Illinois Counties)
  - Health Alliance network (offered in 48 Illinois Counties)
  - Humana HMO network (offered in 13 Illinois Counties)
    - -Humana Health Plan HMO
    - -Humana Benefit Plan HMO (Knox and Livingston)

# **How does the Medicare Advantage PPO work?**

### ➤ UnitedHealthcare PPO

- Customer Service Phone Number: (888) 223-1092
- You can seek care with any licensed medical professional that accepts Medicare, anywhere in the United States
- There is an annual plan year deductible this is the amount you pay at the beginning of the plan year before the plan pays its share
- After the deductible, you and the plan share in the cost this
  is called coinsurance
- There is no coinsurance for preventive services and health screenings

## How does the Medicare Advantage HMO work?

### > HMO OPTIONS

- Coventry Advantra: (855) 223-4807
- Health Alliance MAPD: (877) 795-6131
- Humana: (800) 951-0125
- >HMOs are available only within the State of Illinois
- ➤ You must choose a primary care physician (PCP) from providers in the HMO network; you must get referrals from your PCP
- > You must use network providers, except for emergencies
- The plans have provider directories at their tables; you can also call the HMO for assistance locating a physician and/or provider
- ➤ HMO plans have **copayments** copayments are set amounts due at the time of service
- There is no copayment for preventive services and health screenings

# How are the MAPD Plans different from what I have now?

### >MAPD Plans

- Provide additional benefits not covered under Original Medicare
  - Disease management programs
  - -Case management
  - Wellness programs
  - -Hearing, vision and prescription discounts
  - Health fitness (SilverSneakers®) all plans include a SilverSneakers membership at no charge

### **≻One ID Card**

- Health plan will process claims
- No separate prescription drug card



# How do I decide which plan?

# Things to Consider...

НМО	PPO	
Your doctor is in the network	You prefer flexibility to see any Medicare provider and not stay in a network	
You prefer set copayments instead of deductibles and coinsurance	You travel a lot outside Illinois, or you are a 'snowbird'	
You rarely travel outside the HMO service area	You have medical conditions in which you need the ability to see any Medicare provider without the constraints of a network	

# THIS IS YOUR DECISION BASED ON YOUR AND YOUR FAMILY'S NEEDS

### The 2015 TRAIL Enrollment Period – Enrollment Form

# Using your Enrollment Form you may...

State, TRIP and CIP	CHOOSE a Medicare Advantage Plan or CHANGE your Medicare Advantage Plan, OR  May opt out (State) or cancel (TRIP/CIP) the State-sponsored coverage *	
State, TRIP and CIP	May add or drop dependent(s)	
State	May opt out of State's coverage (includes health, prescription and vision coverage as a package)	
	May enroll in or opt out of dental coverage	
	May change life insurance coverage	

<sup>\*</sup> TRIP and CIP members may cancel their coverage, but will not be allowed back into the TRIP or CIP program in the future

### The 2015 TRAIL Enrollment Period

# **Newly-Eligible Members of TRAIL**

(received yellow letter)

**Must enroll** in one of the Medicare Advantage plans offered through the State's TRAIL Program (or opt out/cancel coverage)

Must return the TRAIL Enrollment Form postmarked by November 15th

Coverage will be effective January 1, 2015

Plan year will be January 1st through December 31st each year

Annual election period will be the fall TRAIL Enrollment Period; no longer the Benefit Choice Period in May

If you elect the UnitedHealthcare PPO, the plan deductible will start January 1, 2015

### The 2015 TRAIL Enrollment Period

# **Current Members of TRAIL**

If already enrolled in TRAIL, YOU DO NOT NEED TO DO ANYTHING

Only return the TRAIL Enrollment Form if you want to make changes to your State, CIP or TRIP coverage

Changes will be effective January 1, 2015

New plan year will begin January 1st and run through December 31st

UnitedHealthcare PPO plan deductible will start over January 1, 2015

### **Your Premiums**



# Your 2015 Premiums

Applicable premiums will change effective January 1, 2015

The premiums are listed in the enrollment kit and on the TRAIL website

You will continue to pay your State premiums (if applicable), TRIP or CIP premiums

You must continue to pay your Medicare premiums to Social Security

# **State Group - Medical Coverage Plan Design**

	Medicare Advantage – PPO (UnitedHealthcare)	Medicare Advantage – HMO (Humana, Health Alliance MAPD and Coventry Advantra)
MEDICAL	Benefits are the same In-Network and Out-of-Network	
Annual Medical Deductible (applies toward your annual out-of-pocket maximum)	\$110 per enrollee	None
Annual Out-of-Pocket Maximum	\$1,300 per enrollee	\$3,000 per enrollee
Primary Care Physician Visit	15% coinsurance	\$20 copayment
Specialist Visit	15% coinsurance	\$30 copayment
Inpatient Hospital Admission	15% coinsurance	\$350 copayment per admission
Outpatient Surgery	15% coinsurance	\$250 copayment
Emergency Room (waived if admitted within 24 hours)	\$65 copayment	\$65 copayment
Durable Medicare Equipment	15% coinsurance	4%
Diagnostic tests (lab, x-ray, radiology)	15% coinsurance	\$0
Preventive Services	0% coinsurance	\$0

# **State Group – Prescription Coverage**

	Medicare Advantage – PPO (UnitedHealthcare)	Medicare Advantage - HMO (Humana, Health Alliance MAPD and Coventry Advantra)
PHARMACY		
Annual Prescription Deductible	\$125 per enrollee	\$100 per enrollee
30-Day Supply		
≻Generic	\$10 copayment	\$8 copayment
➤ Preferred Brand	\$30 copayment	\$26 copayment
➤ Nonpreferred Brand and Specialty	\$60 copayment	\$50 copayment
31 to 60-Day Supply	2x copayment	2x copayment
61 to 90-Day Supply	2.5x copayment	2.5x copayment

Change from 2014: A 90-day supply of Maintenance and Nonmaintenance drugs will be available at retail pharmacies for 2.5x copayment

# **CIP and TRIP - Medical Coverage Plan Design**

	Medicare Advantage – PPO (UnitedHealthcare)	Medicare Advantage – HMO (Humana, Health Alliance MAPD and Coventry Advantra)
MEDICAL	Benefits are the same In-Network and Out-of-Network	
Annual Medical Deductible (applies towards annual out-of-pocket maximum)	\$250 per enrollee	\$0
Annual Out-of-Pocket Maximum	\$1,000 per enrollee	\$3,000 per enrollee
Primary Care Physician Visit	20% coinsurance	\$20 copayment
Specialist Visit	20% coinsurance	\$20 copayment
Inpatient Hospital Admission	20% coinsurance	\$250 copayment per admission
Outpatient Surgery	20% coinsurance	\$150 copayment
Emergency Room (waived if admitted within 24 hours)	\$65 copayment	\$65 copayment
Durable Medicare Equipment	20% coinsurance	4%
Diagnostic tests (lab, x-ray, radiology)	20% coinsurance	\$0
Preventive Services	0% coinsurance	\$0

# **CIP and TRIP - Prescription Coverage**

	Medicare Advantage – PPO (UnitedHealthcare)	Medicare Advantage - HMO (Humana, Health Alliance MAPD and Coventry Advantra)
PHARMACY		
Annual Prescription Deductible	\$0	\$0
30-Day Supply		
≻Generic	\$10 copayment	\$10 copayment
➤ Preferred Brand	\$25 copayment	\$20 copayment
➤ Nonpreferred Brand and Specialty	\$50 copayment	\$40 copayment
31 to 60-day supply	2x copayment	2x copayment
61 to 90-day supply (Mail Order is 2x the copayment)	Retail: 3x copayment	Retail copayment varies by plan: •Coventry 2x •Health Alliance 2.5x •Humana 3x

### **TRAIL 2015 Enrollment**

### Review your pre-enrollment materials with the TRAIL logo



- Make an election: Either select a Medicare Advantage health plan or elect to opt out
- You must provide a residential street address on your Open Enrollment Form if it's different from the preprinted mailing address
- ➤ All enrollees (members and dependents) must sign the form
- > All enrollees will receive an ID card, even those already enrolled in TRAIL

### **TRAIL 2015 Enrollment**

### ➤ If you are NEW to TRAIL this year:

- You must return your completed enrollment form to <u>your retirement</u> system - postmarked by November 15, 2014
- If your form is not returned, your State, TRIP or CIP health coverage for you and your eligible dependents will end on December 31, 2014
- There is no default coverage; no election = no coverage
- ➤ Your retirement system will process your elections and route to the selected health plan
- Your selected health plan will mail a post enrollment kit and a letter with your new ID card

### **TRIP and CIP Members – Important if you Cancel:**

TRIP and CIP Retirees and Survivors - If you decide not to elect an MAPD plan, you cannot enroll in the TRIP or CIP plans at any time in the future

### More Stuff that's Good to Know



### More Stuff that's Good to Know!



The federal government controls Medicare

If you enroll in another Medicare Advantage or Medicare Part D Plan, you will lose your State of Illinois coverage

You MUST continue to pay your Medicare premiums to be eligible for TRAIL

If you move outside the HMO service area, you must contact your retirement system and choose a new plan

If you pay more than \$104.90 for your Part B premium, you most likely will receive a bill from Social Security for your Part D prescription coverage (IRMAA)

# The TRAIL Website:

www.cms.illinois.gov/thetrail

# SCAN and EMAIL, or FAX, Your Enrollment Form

Retirement System	Email	Fax #
State Employees' Retirement System (SERS)	Patricia.Casey@srs.illinois.gov	(217) 547-9769
State Universities Retirement System (SURS)	webmail@surs.org	(217) 378-9800
Teachers' Retirement System (TRS)	members@trs.illinois.gov	(217) 753-0394
Judges' Retirement System (JRS)	Tina.Elliott@srs.illinois.gov	(217) 557-5154
General Assembly Retirement System (GARS)	Tina.Elliott@srs.illinois.gov	(217) 557-5154